

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-675)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3							53						
4	/						54						
5		4					55						
6	①						56						
7	①						57						
8	⑥						58						
9	①						59						
10	⑥						60						
11	①						61						
12	⑥						62						
13	①						63						
14	①						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19		4					69						
20	/						70						
21	/						71						
22	/						72						
23	/						73						
24	/						74						
25	/						75						
26	/						76						
27	/						77						
28	/						78						
29	/						79						
30	/						80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓			↓								
TOTAL DEP.	16	←			←			↓		↓		↓	
TOTAL CLAIMS	19	↓			↓			←		←		←	